CUSTOMER NUMBER: 23608

FORM PTO-1082

Case Docket No. PF00434 US

Date: December 27, 2001

Express Mail Label No. EL 929 054 954 US

Patent Application
SISTANT COMMISSIONER FOR PATENTS
Shington, D.C. 20231

ear Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): BRADLEY J. ENEGREN; and MARIANNE A. KOLOPP

For: IMPLANTABLE SENSOR FLUSH SLEEVE

Enclosed are:

X 14 page(s) application including cover sheet, 20 claims, and 1 page abstract

2 Sheet(s) of informal drawing(s) (Figs. 1- 2)

Power of Attorney by Assignee

return postcard



CALCU	LATION OF FEES					1	
ITEM		NO. OF CLAIMS FILED MINUS BASE*	NO. OF CLAIMS OVER BASE	X SM/LG ENTITY FEE	\$ AMOUNT	\$ FEE	
ITEM A	TOTAL CLAIMS FEE	20 - 20* =	0	X \$9 or X \$18	\$0	<u>.</u>	
В	INDEPENDENT CLAIMS FEE**	3 - 3*=	0	X \$42 or X 84	\$0		
С	SUBTOTAL - ADDITIONAL CLAIMS FEE (ADD FINAL COLUMN IN LINES A + B)						
D	SMALL ENTITY FEE = \$140 MULTIPLE-DEPENDENT CLAIMS FEE LARGE ENTITY FEE = \$280					\$0	
E	SMALL ENTITY FEE = \$370 BASIC FEE*LARGE ENTITY FEE = \$740					\$740	
F	TOTAL FILING FEE (ADD TOTALS FOR LINES C, D, AND E)					\$740	
	**LIST INDEPENDENT CLAIMS 1, 12, & 20						
X	Please charge my Deposit Account No. 50-0621 the amount of		\$740	A copy of this letter is enclosed.		r is	
	A check in the amount of		\$	to cover the filing fee is enclosed.		e is	
	A check in the amour	nt of	\$	to cover Assignment Recordation fee is enclosed.			

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621
 - \underline{X} Any additional filing fees required under 37 CFR 1.16.
 - \overline{X} Any patent application processing fees under 37 CFR 1.17.

The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 50-0621

Any patent application processing fees under 37 CFR 1.17.

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

Any filing fees under 37 CFR 1.16 for presentation of extra claims. <u>X</u>

Respectfully submitted,

Date: December 27,2001

Paul H. Kovelman Reg. No. 35,228

MEDTRONIC MINIMED, INC. 18000 Devonshire Street Northridge, CA 91325-1219 Telephone: (818) 576-5313 Facsimile: (818) 576-6202

CUSTOMER NUMBER: 23608

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appli	cation of:)	
Bra	dley J. Enegren et al.)	Group Art Unit: unknown
Serial No.:	unknown)	
Filed:	December 27, 2001)	Examiner: unknown
For: IM	IMPLANTABLE SENSOR		
FL	USH SLEEVE)	

CERTIFICATE OF U.S. EXPRESS MAIL

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Express Mail Mailing Label No. EL 929 054 954 US

Date of Deposit:

December 27, 2001

I hereby certify that a 16 page(s) patent application including cover sheet, 9 pages of specification, 20 claims, 1 page abstract, and 2 pages of informal drawings (Figs. 1 - 2), transmittal letter, Power of Attorney by Assignee and return postcard are being deposited using the "Express Mail Post Office to Addressee" service of the United States Postal Service under 37 C.F.R. § 1.10 on the above date and addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

> December 27, 2001 date of deposit

Nestor Atienza name of person mailing papers

Mish Atim za signature

MEDTRONIC MINIMED, INC.

18000 Devonshire Street

Northridge, CA 91325-1219

Tel.: (818) 576-5313

Fax.: (818) 576-6202